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Somerset County Council.

THE COUNTY EDUCATION COMMITTEE.

Annual Report

OF THE

SCHOOL MEDICAL OFFICER

For the Year 1936.

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County Medical Officer of Health.
County School Medical Officer.

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To the Chairman and Members of the Education Committee
of the Somerset County Council.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit my Twenty-eighth Annual Report as School Medical Officer.

The report is on similar lines to those of previous years and is mainly a record of the very considerable work done. Most of it is a record of the regular progress of the work, medical inspection, dental treatment, dealing with special defectives, and the like. Small extensions were made in the work during the year but no material alterations. The advances and results obtained from year to year do not appear remarkable and it is only when these are compared over a long period of years that the striking improvements effected are obvious.

Special regard has again been paid to the problem of nutrition, while close attention to posture defects and their remedy, which has been such a feature of our work, has been continued with unabated energy.

I have to thank the various Medical and Dental Officers for their valuable co-operation.

* in the Report indicates new features or points of special interest.

I am,

Your obedient Servant,

WILLIAM G. SAVAGE.

Health Department,
Somerset County Council,
January, 1937.

ORGANISATION.

Dr. Hibbert retired in August, his place being taken by Dr. Burges. Dr. Raeburn left September 30th and was replaced by Dr. Dugdale. Dr. Walker, Oculist, retired at the end of the year and has been succeeded by Dr. Georgeson.

Medical Inspector.	Approx. number of Children in attendance.	Inspections.				Percentage of Children inspected.	
		Routine.	Special.	Re-ex.	Total.	Routine.	All.
Dr. Parker ...	5,526	2,070	436	1,721	4,227	37.5	76.5
„ Hibbert } ...	8,694	2,661	266	877	3,804	30.6	43.8
„ Burges } ...	8,012	2,978	341	1,682	5,001	37.2	62.4
„ Pringle ...	7,754	2,846	384	2,002	5,232	36.7	67.5
„ Evans ...	5,526	1,983	187	1,251	3,421	35.9	61.9
„ Raeburn } ...	5,526	1,983	187	1,251	3,421	35.9	61.9
„ Dugdale } ...	650	274	15	97	386	42.2	59.4
„ Walker ...	650	274	15	97	386	42.2	59.4
TOTALS ...	36,162	12,812	1,629	7,630	22,071	35.4	61.0

MEDICAL INSPECTIONS CARRIED OUT.

The number of Elementary Schools is 449 with 495 departments.

		Urban.	Rural.	Total.
Council Schools	... ..	27	123	150
Voluntary Schools	... ..	38	261	299
		<u>65</u>	<u>384</u>	<u>449</u>
	TOTAL ...	65	384	449

The number of visits paid to Elementary Schools for the purpose of conducting routine inspections during the year was 1,154. The number of children inspected was 22,071, a decrease of 1,788 on the previous year. The figures for the different groups are set out in Table 1. (at end of Report).

The number of children inspected, exclusive of re-inspections, was 14,441. The number of children re-inspected during the year was 7,630, compared with 9,248 in the previous year. This is exclusive of the cases referred to the School Oculist. All the Schools, except 10 Elementary Schools, were visited during the year. The percentage of parents present at routine inspections was 57.7, which is above the average. Pressure of other work only allowed a routine second visit to be made to 21 schools.

EXAMINATION OF SUPPLEMENTARY TEACHERS.

In accordance with the requirements of the Board of Education, 4 women teachers were examined at various times during the year and graded as follows:—

A.1.—In good health, and free from defects	...	...	...	2
A.2.—In good health, but with slight physical defects	...	...	...	2
B.1.—In good health, but with defects likely to shorten period of service	...	...	...	0
B.2.—In good health, but with defects interfering with their efficiency	...	...	...	0
B.3.—In temporary sub-normal health	...	...	...	0
C. —Unfit	...	...	...	0
				<hr/>
				4
				<hr/>

FINDINGS OF MEDICAL INSPECTIONS.

The figures for 1936 are set out in Tables II., III. and VI., which are on the same lines as last year and in the form recommended by the Board of Education.

Some of the chief percentage figures given in Table VI. are nutrition, bad or below normal, 7.7; defective hearing, 1.1; ear disease, 1.6; skin disease, 0.5; chronic tonsillitis, 5.0; adenoids only, 1.5; chronic tonsillitis and adenoids, 2.1; enlarged tonsils only, 11.7; defective speech, 1.5; dental disease, 61.8; organic heart disease, 0.3; anæmia, 1.7; pulmonary tuberculosis, definite, 0.1, suspected, 0.5. These percentages are very similar to those recorded in previous reports, but in accordance with the requirements of the Board of Education the tonsils and adenoids figures are now given in another form. The nutrition figures are considered separately.

When the figures for entrants are considered separately they show, as in previous years, that the proportion with defects already present is high and shows no signs of diminution. Defects commonly found are enlarged tonsils and adenoids, enlarged cervical glands, dental defects, deformities, and eye defects. Under a scheme which came into operation January, 1937, medical examination will be offered when the child is between 3 and 4 years in order to try and prevent these defects or, if present, to deal with them. This work will be done under the Maternity and Child Welfare Scheme.

Defective Vision.—Defects are recorded for 22.9 per cent. of the children, as shown in Table VI. This includes all degrees of defect, and is not very helpful without explanation. The percentage prevalence of defects amongst two group classes is set out below. "Slight defect" includes visual acuity of 6/9 and 6/12 and "marked defect" any greater degree of vision defect.

	8 years old.			Leavers.			Total Routine. (8 years and over).		
	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.
Slight defect ...	14.2	13.6	13.9	10.0	10.3	10.2	12.2	12.3	12.2
Marked defect...	6.5	7.1	6.8	8.5	9.4	8.9	7.7	8.2	7.9

The percentages for the 8 year old children and the "Leavers" group represent the proportion of slight and marked eye defects amongst the children. The figures for the entrants are not given as they merely represent the proportion found with defective sight amongst those presented by the teachers as having possibly defective eyesight, since entrants are not examined for eye defects as a routine measure. The number of children so presented fluctuates greatly.

During the year 2,004 elementary school cases were examined by the Oculist, 1,149 being re-examinations. In 846 of the 855 new cases errors of refraction were present. The nature of the defects are given in the tables.

In addition the County Oculist examined 165 Secondary School scholars, 6 mentally deficient persons, 158 pre-school children for squint, and two other persons referred to him. Six days' work (with 88 cases) was done for the Bridgwater Urban Education Authority. He also examined 47 cases in connection with the County Scheme for the Blind.

✱

Dr. Walker has contributed some valuable notes on the eye work from 1924—1936 when he was County School Oculist. He points out that the number of *new* cases referred to him from the Elementary Schools for eye defects was highest in 1929 with 1,103 cases, and has since shown a gradual decline to 935 in 1935 and 855 in 1936. The decline is most noticeable for the children under 8 years old (decline from 28 to 23 per cent). This is very satisfactory, and one contributory factor in Dr. Walker's opinion has been the improvements in material supplied to infants' schools, such as alteration of the unsatisfactory types of copy book rulings and unsatisfactory pencils. Dr. Walker was instrumental in obtaining these alterations in 1934. Part is also due probably to the attention directed by teachers, on our advice, to the better use of available light and best class positions in the schoolrooms.

The number of children referred from the Secondary Schools has, on the other hand, increased over this thirteen year period, but this may be due to the greater attention now directed to the possible presence of eye defects.

The figures for squints are particularly interesting. From 1924—28 inclusive the squints referred to Dr. Walker were 165, 148, 169, 171, 147. We then began, under the Maternity and Child Welfare Scheme, to refer these cases when quite young to Dr. Walker and the following are the figures:—

	SQUINTS.							
	1929	1930	1931	1932	1933	1934	1935	1936
Referred from school ...	198	195	158	115	81	61	61	60
Referred from Maternity and Child Welfare ...	15	24	38	40	61	90	67	68

The table shows that an increasing number were being dealt with at pre-school ages and the earlier treatment starts the better the results. Dr. Walker remarks:—

“Many of the Infant Welfare cases entirely lost their squint before going to school. Of those who are not entirely cured, most of them show a great improvement in the standard of vision in the squinting eye. I consider that this part of the work has been very satisfactory in its results and it would justify still more time being devoted to it, if possible, in the way of more frequent eye examinations of the Infant cases to see that the instructions are being carried out. I find that most of the District Nurses are very helpful but I have also found that some of them are in the habit of leaving the home treatment entirely in the hands of the parents with only occasional supervision. I consider this to be risky, as regards the misuse of atropin, and it is not satisfactory as regards results. It is sometimes difficult to get the nurses to attend with the children.”

As regards the high myopia cases, Dr. Walker remarks:—

“The treatment of these cases by special school methods is well carried out in most of the schools with very satisfactory results and where this can be done the environment of the normal school is a decided advantage to the children. In many of the Junior schools there has been a tendency to go back to ordinary methods on account of the children having to sit for the free place examination at a certain age. During this last year a new Regulation has been in force by which, if necessary for medical reasons, the free place examination can be postponed for a year and I have given the necessary certificates in a few of the cases. I think that in the future this possibility may be of great help in dealing with young *moderately* myopic children.”

Errors of Refraction.	BOYS.				GIRLS.				Totals.
	Under 8.	8-9.	12 & over.	Other Ages.	Under 8	8-9.	12 & over.	Other Ages.	
Hypermetropia	59	34	29	60	54	33	46	66	381
Hypermetropic astigmatism	24	37	22	36	35	46	30	56	286
Myopia	0	5	10	9	3	3	15	12	57
Myopic astigmatism	5	3	13	9	9	7	14	12	72
Mixed astigmatism	3	7	0	5	1	2	4	4	26
Heterometropia	2	5	4	5	1	3	0	4	24
TOTAL	93	91	78	124	103	94	109	154	846
Re-examination cases	99	51	201	212	91	37	207	251	1,149
Cases without error of refraction	1	1	1	1	0	2	1	2	9

		Boys.	Girls.	Totals.	
Disorders of Mobility.	{	Convergent strabismus	18	33	51
		Alternating strabismus (mainly convergent)	2	3	5
		Divergent strabismus	2	2	4
		Nystagmus	1	2	3
Pathological changes of Eye due to accident or disease.	{	Of Conjunctiva	1	7	8
		„ Cornea	8	2	10
		„ Sclerotic	0	0	0
		„ Iris and ciliary body	1	0	1
		„ Lens	0	1	1
		„ Vitreous	0	0	0
		„ Choroid and retina	2	0	2
„ Optic Nerve	0	1	1		
Diseases of Adnexa of the Eye.	{	Of Eyelids	62	82	144
		„ Lachrymal apparatus	0	0	0
Congenital Disorders of the Eye.	{	Globe as a whole	1	0	1
		Cornea (conical chiefly)	0	0	0
		Sclerotic (blue)	0	0	0
		Iris and ciliary body	0	1	1
		Lens { Dislocation	0	0	0
		„ { Cataract	0	3	3
		Choroid and retina	1	1	2
		Optic Nerve	0	0	0
		Lack of pigment	0	0	0
		Eyelids	2	2	4
Headaches, and other reflex nerve symptoms associated with visual defects		75	133	208	
Cases considered unsuitable for instruction in Elementary Schools and certified as "Blind"*		2	2	4	

*These were certified as "partially sighted". Three of them were admitted to Special Schools.

NUTRITION.

The Board of Education now asks for the particulars set out in the following table:—

**Classification of the Nutrition of Children inspected during the Year
in the Routine Age groups.**

Age-groups.	Number of Children inspected.	A.		B.		C. Slightly Sub-normal.		D. Bad.	
		Excellent.		Normal.					
		No.	%	No.	%	No.	%	No.	%
Entrants	4,456	949	21	3,137	70	359	8	11	0.2
Second Age-group	3,572	992	28	2,229	62	348	10	3	0.1
Third „	3,849	1,442	37	2,201	57	201	5	5	0.1
Other Routine Inspections ...	935	264	28	606	65	64	7	1	0.1
TOTAL ...	12,812	3,647	28	8,173	64	972	8	20	0.2

As in previous years special attention has been paid to nutrition problems. In addition to the nutrition figures obtained at routine inspections a considerable number of special nutritional surveys have been held. These are made at special visits at which *all* the children in the school are examined from a nutritional standpoint and recorded under our four groups of “excellent”, “normal”, “slightly subnormal” and “bad”. The selection of criteria upon which to judge nutrition is difficult but the estimations are based upon general clinical points such as anæmia, muscle tone, amount of subcutaneous fat and assisted by a quotient calculated from height and weight figures. The medical inspectors have had extensive experience, so fairly comparable results can be expected.

During the year the following nutritional surveys were undertaken:—

Medical Inspector.	No. of schools.	No. of children examined.
Dr. Evans ...	4	532
Dr. Parker ...	8	866
Dr. Pringle ...	8	1,053
Dr. Raeburn ...	25	2,814
	—	—
	45	5,265
	==	==

The purpose of these surveys was not merely statistical and to judge if undernourishment was prevalent but also very practical. If only a few children were undernourished these were dealt with by free milk grants. Adoption of the milk in school scheme was urged, particularly when the survey indicated a material proportion of children with nourishment below standard. All schools with considerable under-nourishment were to be reported specially to me and a very full investigation would then be made with appropriate action, but I am glad to report that no schools were found.

The actual findings as regards nutrition on these surveys was as follows:—

Age-groups.	No. of Children examined.	Excellent.		Normal.		Slightly Sub-normal.		Bad.	
		No.	%	No.	%	No.	%	No.	%
Infants	1,223	284	23	753	62	175	14	11	1
7 - 11 years ...	1,915	392	20	1,231	64	281	15	11	1
11 plus	2,007	511	25	1,224	61	255	13	17	1
TOTAL	5,145	1,187	23	3,208	62	711	14	39	1

The table shows no significant differences between the three different age groups. When the figures are compared with those for the routine inspections they show higher percentages for the slightly sub-normal and bad nutrition groups, which is natural since most of the schools investigated were specially selected as likely to show more undernourished cases. Even with these selected schools they only show 39 children (1%) with bad nutrition and only 14% with slightly subnormal nutrition. Most of the children (85%) are well nourished but there exists a definite number of children under standard who need and receive special attention from this point of view.

MILK AND MEALS ON SCHOOL PREMISES.

The position as regards meals other than milk was set out in my report for 1934 and I have no information as to any changes.

Under the Milk Act, 1934, a scheme of the Milk Marketing Board was approved by the Ministry of Agriculture and by the Board of Education, whereby milk was made available for children in schools at the reduced price of 1/- per gallon, thus enabling it to be supplied to the children at $\frac{1}{2}$ d. for one-third of a pint, approximately at half cost. The Scheme came into operation on October 1st, 1934.

The source and quality of the milk has to be approved by the Medical Officer of Health and the School Medical Officer. This is a very necessary provision as it enables milk safe for consumption to be supplied. The types of milk authorised are milk produced from Certified or "Tuberculin Tested" herds or milk sold as "Pasteurised Milk" under licence of the local authority and as defined by the Ministry of Health. If none of these safe types of milk are available, as a temporary measure, ordinary milk is authorised, subject to it being brought to the boil in school before being drunk.

The position at the end of the year as regards schools in which this cheap milk was drunk was as follows:—

Schools.	Number.	Taking Milk which is			No milk.
		Tuberculin Tested.	Pasteurised.	Boiled.	
Urban Elementary ...	65	9	53	0	3
Rural ,, ...	384	21	214	59	90
Secondary 	19	4	11	1	3

Of the 449 elementary schools, the children in 7 per cent. were drinking Tuberculin Tested milk, in 59 per cent. Pasteurised, in 13 per cent. Boiled, and in 21 per cent. taking no milk.

The number of children taking the milk fluctuates somewhat, and for example was lower in the summer, but does not vary markedly. The figures for the children are compiled from returns obtained from the Head Teachers and are not quite complete, and are probably an understatement. The figures at the end of the December term were:—18,735 children taking milk, the types of milk consumed being Tuberculin Tested 14 per cent., Pasteurised 79 per cent. and Boiled 7 per cent.

These figures are practically the same as for the previous year. One school less is taking the milk, some 80—100 more children are drinking it, the proportion of safe milk used has gone up slightly and 11 fewer schools have to boil the milk in school.

Almost exactly 50% of the children are taking the school milk and the figures suggest a stabilization at this proportion. In a number of other areas it has declined. This proportion is really very satisfactory, but in view of the great and special value of milk I should like to see the proportion of milk drinkers much larger. There is no question as to its benefit to the children and I hear of its value from many sources. As in previous years, the Teachers recognise this and have been at considerable trouble to make the scheme a success.

The arrangement for milk for undernourished children has been amended to bring it into line with this cheap milk scheme. Where milk is provided by the County Education Authority because it is needed on medical grounds and the parents cannot afford it, the $\frac{1}{2}$ d. per third of a pint is provided by the Education Committee instead of the parents. Usually more than one-third pint a day is required. Where no milk is drunk in school the old arrangement of direct contract with the milkman is maintained.

The number of children receiving free milk at the expense of the County Education Committee was increased materially during the year, and comprised 1,338 children, as compared with 809 in the previous year.

MEDICAL TREATMENT AND FOLLOWING UP.

During the year 974 new cases were referred to the Care Visitors. Arrangements have now been made with 141 Nursing Associations. Inspections in 421 schools were attended by District Nurses, 1,056 inspections were attended by these nurses, and 2,539 cases were referred to them for home visits. Their reports state that 6,218 visits were paid to these cases.

Their reports upon the 2,539 cases referred to them for home visits show that in 1,072 cases (42 per cent.) medical treatment has been obtained, and 201 cases (8 per cent.) were under treatment by the nurse; in 544 cases (21 per cent.) no treatment was obtained; 703 cases (28 per cent.) were under supervision; and in the remaining 19 cases (1 per cent.) visits had yet to be made at the time the reports were received.

Slight degrees of nasal obstruction, probably due to adenoids, but not marked cases, are reported for breathing exercises in the schools under the direction of the teachers. Directions to parents and teachers as to treatment were given in 2,593 cases (20 per cent.) and for observation in 1,341 cases (10.5 per cent.). During the past year grants of milk, malt and oil, or Parrish's Food were made to 1,559 children at a total cost of approximately £640. Every child is selected on medical grounds. This is an increase of 570, *i.e.*, these grants have rather more than doubled, but this is money well spent.

The National Society for the Prevention of Cruelty to Children continues to afford useful service in the investigation and following up of certain difficult cases.

In 1936, sixty-two cases were referred to the Society's Inspectors. The number of cases under each heading is as follows:—

General neglect	...	...	...	31
Ill-treatment at home	...	...	...	3
Verminous condition	...	...	...	8
Other	...	...	...	20

As regards cases referred on account of general neglect, the home conditions in twenty of these cases were materially improved as a result of the Inspector's visit. Of the other eleven cases, one boy was admitted to Dr. Barnardo's Home and another was removed from the custody of his parents. Nine children reported as generally neglected were under observation at the end of the year.

Three cases of ill-treatment at home were also dealt with. One boy had to be removed from his parents. Improvement was effected in the case of another boy while the third is still under observation by the Society's Inspector.

During the year, eight children were referred on account of their verminous condition. Six of these were cleared up in due course. One was a prosecution case and one is still under observation.

In four other cases where the parents had repeatedly disregarded our advice with regard to the need for providing suitable spectacles, pressure by the Society's Inspector proved an effective measure. In three necessitous cases where the children were badly shod, satisfactory footwear was provided free by the Society.

The parents' consent in respect of a tonsil and adenoid operation was in three cases obtained only as a result of pressure by the Society's Inspector.

The methods of treatment for special defects described in previous reports were maintained. The following defects may be specially mentioned:—

TONSILS AND ADENOIDS.

A scheme for securing operative treatment for Tonsils and Adenoids at certain approved hospitals was started in 1920. Last year 300 recommendations were issued, and 263 operations performed. The cost of these operations was £486 11s. 0d., of which sum £39 19s. 0d. was refunded by the parents and Hospital Leagues, leaving a balance of £446 12s. 0d. to be paid by the County Education Committee. Thirty-seven recommendations were outstanding, involving a sum of about £67.

TUBERCULOSIS.

During the year 66 cases of tuberculosis, or suspected tuberculosis, of the lungs were recorded amongst the routine inspections, while there were 38 suspected cases amongst those specially presented. Fifteen cases of tuberculosis of other parts of the body were recorded, chiefly of glands, bones and joints. Of the 103 cases referred to the Tuberculosis Officers and examined, 2.9 per cent. were found to be definite cases, and a further 16.5 per cent. were marked as suspicious cases of tuberculosis. These figures show a definite decline.

Quantock Summer Camp. The Summer Camp in the grounds of the Quantock Sanatorium was again held during the year and on very similar lines to the Camps of 1924-35. Great care was taken in selecting the children and they were picked out by the Medical Inspectors and the Tuberculosis Officers right throughout the year, the list being revised and the children finally selected a few weeks before the Camp opened.

Forty girls were at the Camp from July 3rd to July 30th, and forty boys from August 7th to August 22nd, a period of four weeks for the girls and two weeks for the boys. It was not possible to arrange four weeks for the boys. The children were regularly weighed and medically inspected while at the Camp. The benefit to the children was marked. The average gain in weight for the girls was 5 lbs. 6 ozs., and for the boys 4 lbs. 2 ozs. As before, the Camp was run mainly by voluntary help. The total expenditure was £178, of which £102 was for food. The children were well fed, and the cost of food for children and staff worked out at 13.78 pence per head per day. Each girl on the basis of a four weeks' holiday cost £2 11s. 7d., and each boy (2 weeks) £1 8s. 8d., including everything. The Education Authorities of Yeovil and Bridgwater repaid £43 0s. 1d.

RHEUMATIC HEART DISEASE.

During 1936 two Heart Clinics were held as follows:—

Centre.	Number of Clinics held.	Cases examined.			
		County.	Taunton.	Bridgwater.	Total.
Taunton	2	30	6	—	36
Weston-super-Mare ...	0	—	—	—	0
TOTALS	2	30	6	—	36

These children have been grouped as follows:—

Suffering from rheumatic heart disease	...	...	...	12
Suffering from congenital heart disease	...	...	...	3
Not suffering from heart disease	...	...	...	18
Doubtful cases or cases under observation	...	...	...	3
				<u>36</u>

The diagnosis of a good many cases has been cleared up and in a number of instances children who have been stopped all games, etc., have been allowed to resume normal school life.

During 1936, two cases—a girl and a boy—were admitted to the Orthopædic Hospital at Winford. A second boy, who had been discharged in January after a six months' stay, again developed chorea and was re-admitted in September. During 1936, two children were discharged and at the end of the year two boys were still under treatment.

A boy from Wraxall, admitted in August, 1935, with a rheumatic heart, had gained in weight during his stay and had had no exacerbation of his previous trouble. His general condition was good on discharge and although he had unfortunately developed a mitral regurgitation he was fit to attend school. The second case was not so satisfactory. This was a girl who after 11 weeks in hospital developed a bacterial endocarditis and had to be sent home.

VISION AND EYE DEFECTS.

The cases of defective vision include those with slight defects which require no special treatment, and cases of decided impairment of vision or with definite symptoms of eye strain which are referred to the School Oculist. During 1936 the School Oculist examined 855 new cases and prescribed glasses in 773.

At the end of the year the number of eye centres in the County was 35, all unaltered from the previous year. Eighty-nine per cent. of the children summoned to the different eye centres attended. Of the remaining 11 per cent. the majority attended on being again sent a notice.

During 1936 the five shillings charged for spectacles was received from 1,310 parents, while in 194 cases (as compared with 180 in 1935) the cost or part of it was provided out of County funds. The expenditure involved was £41 1s. 10d., as compared with £35 12s. 5d. in 1935. Necessitous cases requiring free repairs to frames or new lenses, etc., cost the Committee £4 13s. 8d. Carrying out the resolution of the Education Committee to pay charges for repairs above 2s. 6d. involved no cost. The present charge for spectacles is now rather more than their actual cost, and during the year this gave a profit of £69 10s. 2d. £45 15s. 6d. was lost on repairs and for free glasses, and £8 3s. 0d. on eye-shades. The receipts for eye material, therefore, was £15 11s. 8d. above the cost.

During the year 1,505 new pairs of spectacles were supplied, while 870 pairs previously ordered were repaired, or new lenses were fitted to old frames. Children provided with spectacles are re-examined by the Medical Inspectors at their next visit to see that the spectacles fit and have not been bent out of shape. If necessary the children are referred back to the School Oculist.

Of the 855 new cases examined, 60 were suffering from squint. Glasses were prescribed in 58 cases and obtained in 53. Eye shades were provided in 28 cases.

DENTAL DEFECTS.

The Dental Scheme only deals with children of selected special ages. Children found at Medical Inspections to have defective teeth are not treated by the School Dentists unless they come under the Scheme. They are referred for treatment as for other defects, *i.e.*, the parents are informed, the School Care Visitors have case sheets, etc. Four dentists were at work during the year. The figures set out show that 47 per cent of the children passed through their hands.

The ages of the 18,788 children who were examined under the Scheme were 456 (5 years), 3,133, 2,865, 2,642, 2,427, 2,276, 1,787, 1,707, 1,368 and 94 (14 years).

Treatment was again given to 14,979 children as follows:—

Extractions (temporary)	...	...	...	16,103
„ (permanent)	...	...	...	1,505
Fillings (temporary 250; permanent 13,929)	...	...	...	14,179
Other treatment (scaling)	...	...	...	73

	No treatment required.			Cases requiring treatment.						
	Number of Cases.	No previous treatment.	Previously treated.	Number of Cases.	Extraction temp. only.	Extraction perm. only.	Fillings only.	Extraction and fillings.	Extraction, fillings and other work.	Other work only.
Mr. Goddard ...	1,562	624	938	3,632	1,069	136	1,617	798	—	12
Mr. Nicolson ...	663	149	514	4,080	1,926	131	906	1,115	1	1
Mr. Crossley ...	811	182	629	3,371	1,194	198	849	1,092	23	15
Mr. Hollington	773	218	555	3,896	1,487	298	1,827	267	1	16
	3,809	1,173	2,636	14,979	5,676	763	5,199	3,272	25	44

As in previous years the most satisfactory features of the scheme are the large number of children which yearly require no treatment and the large number of fillings and the small number of permanent teeth extracted as set out in the table. The table shows that 3,809 required no treatment, of which 2,636 had been previously treated. To this should be added, from the point of view of conservative dentistry, the 5,676 children who required temporary extractions only. This makes 9,485 children whose teeth were examined and found to be sound except for temporary extractions.

Children examined and Schools included.

District.	Number of Schools.	Number of Schools included.	Number of days worked.	Children examined.		Children treated.	
				Ages included in Scheme.	Other Ages.	Ages included in Scheme.	Other Ages.
Axbridge Area ...	40	49*	80	1,885	1	1,339	1
Weston-super-Mare...	9	9	46	1,072	1	798	—
Bathavon ...	26	26	39	830	4	616	3
Bridgwater Rural ...	37	37	53	1,265	—	1,090	—
Chard Area ...	28	35*	76	1,665	—	1,426	—
Clutton Area ...	32	32	89	1,752	3	1,365	2
Dulverton Area ...	13	13	12	253	—	210	—
Frome Area ...	26	26	38	765	1	630	1
Langport Rural ...	24	25*	36	835	—	664	—
Long Ashton Area ...	32	31	56	1,387	—	899	—
Shepton Mallet Area	25	33*	52	1,054	10	869	9
Taunton Rural ...	28	33*	44	1,048	—	901	—
Wellington Area ...	18	19*	39	916	6	793	6
Wells Area ...	25	26*	49	1,043	5	833	4
Williton Area ...	28	28	45	1,032	—	894	—
Wincanton Rural ...	27	27	39	908	2	736	2
Yeovil Rural ...	31	30	42	1,045	—	888	—
	449	479	835	18,755	33	14,951	28

*Thirty-two schools were inspected twice in the year.

Mr. Goddard, Mr. Nicolson, Mr. Crossley and Mr. Hollington worked 835 days (216, 202, 216 and 201 respectively) during the year and examined 18,788 children, an average of 23 a day, while 18 a day were treated, the same as for the previous year. These figures must be considered as satisfactory in view of the difficulties of transport, administration, etc.

The cost of the dental work for the year was £3,478 (exclusive of superannuation contributions), the largest items being £2,244 salaries for dentists, £634 travelling and maintenance allowances, and £261 clerical assistance. The cost of dental materials and renewals was £107, while the amount paid for the hire of rooms was £167. The sums received as fees from parents during the year amounted to £373. The cost for each child treated works out at 4/7 $\frac{3}{4}$ d. or deducting parents' contributions, 4/1 $\frac{3}{4}$ d.

The numbers of toothbrushes sold during the last ten years are: 3,192, 2,138, 2,511, 2,479, 2,031, 1,942, 1,990, 1,514, 1,172, 1,385 (1936). The price charged is 4d. for the large brushes and 3d. for the small.

The dental scheme has been discussed in detail in previous reports. The additional dentist is enabling some of the arrears to be dealt with but there is still a good deal of delay.

VERMINOUS CONDITION OF SCHOOL CHILDREN.

The equivalent of the time of two whole-time School Nurses was available for this and allied school work. On an average they paid two or more visits to each school in their area. All the Health Visitors did some of this work. The children examined were 24,975 boys and 27,091 girls, and of these 214 boys (0.9 per cent.) and 859 girls (3.2 per cent.) were found verminous. During the year 98 children were excluded as belonging to the persistently verminous group. Most of these cleaned up, at least temporarily, under pressure, and legal proceedings were only necessary in one case.

The following table shows the inspections made and the results. The percentages shown do not accurately indicate the relative verminous conditions in the different areas, since so much depends upon the children and schools selected.

Verminous Condition of School Children, 1936.

Sanitary Area.	Number of children inspected.		Excluded.	Prosecuted.	Percentage verminous.	
	Boys.	Girls.			Boys.	Girls.
Axbridge ...	812	812	5	0	0.9	3.3
Burnham-on-Sea ...	720	723	9	0	1.1	5.4
Weston-super-Mare	1,065	1,270	4	1	1.6	6.3
Bathavon ...	1,422	1,320	8	0	0.9	1.9
Bridgwater Rural ...	1,804	1,732	8	0	1.5	4.6
Chard Urban ...	471	830	0	0	2.9	3.6
Chard Rural ...	1,386	1,408	1	0	1.7	4.8
Crewkerne ...	298	389	0	0	1.3	6.7
Ilminster ...	390	496	0	0	0.0	4.4
Clutton ...	1,502	1,466	2	0	0.2	2.9
Norton-Radstock ...	456	1,255	3	0	0.0	2.6
Dulverton ...	226	222	0	0	0.4	2.7
Frome Urban ...	1,115	1,379	7	0	0.4	2.7
Frome Rural ...	978	1,004	4	0	0.6	2.4
Langport ...	1,707	1,674	4	0	0.8	1.9
Long Ashton ...	1,034	1,051	5	0	1.0	2.8
Clevedon ...	462	406	3	0	0.2	1.0
Portishead ...	175	183	0	0	0.0	3.8
Shepton Mallet Urban	353	182	1	0	0.8	2.2
Shepton Mallet Rural	528	528	15	0	1.1	3.4
Taunton Rural ...	1,300	1,332	4	0	0.5	2.2
Wellington Urban ...	222	734	1	0	2.3	2.5
Wellington Rural ...	639	610	0	0	1.3	4.3
Wells Urban ...	158	279	0	0	1.3	3.6
Wells Rural ...	234	225	5	0	3.4	4.9
Glastonbury ...	0	0	—	—	—	—
Street ...	0	102	2	0	—	1.0
Williton ...	973	895	4	0	1.8	3.2
Minehead ...	230	361	2	0	0.0	1.4
Watchet ...	45	61	0	0	0.0	3.3
Wineanton ...	1,163	915	1	0	0.1	0.9
Yeovil Rural ...	3,107	3,247	0	0	0.2	2.6
TOTALS ...	24,975	27,091	98	1	0.9	3.2

WESTON-SUPER-MARE SCHOOL CLINIC. SUMMARY OF WORK, 1936.

Reason for examination or treatment.	Examined only.	Treated.					Total examined or treated.	Attendances at Clinic.
		Cured.	Improved.	Unrelieved.	Under treatment, etc.	Total treated.		
Fitness for School or Special Schools ...	92	—	—	—	—	—	92	165
Vision testing ...	32	—	—	—	—	—	32	38
External eye diseases ...	6	13	2	—	—	15	21	57
Ear diseases: Otorrhœa, etc. ...	—	18	8	1	4	31	31	222
Deafness ...	4	2	—	—	—	2	6	7
Ringworm: Body ...	—	4	—	—	—	4	4	14
Scalp ...	—	1	—	—	—	1	1	23
Impetigo ...	—	70	—	—	4	74	74	262
Scabies ...	—	6	—	—	—	6	6	23
Eczema and other skin diseases ...	—	28	18	1	7	54	54	244
Minor skin injuries and septic sores ...	—	107	—	—	6	113	113	352
Other conditions ...	156	5	7	—	2	14	170	277
TOTALS ...	290	254	35	2	23	314	604	1,684

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Total individual children examined or treated = 521.

FROME SCHOOL CLINIC. SUMMARY OF WORK, 1936.

Reason for examination or treatment.	Examined only.	Treated.					Total examined or treated.	Attendances at Clinic.
		Cured.	Improved.	Unrelieved.	Under treatment, etc.	Total treated.		
Fitness for School or Special Schools ...	14	—	—	—	—	—	14	17
Vision testing ...	5	—	—	—	—	—	5	5
External eye diseases ...	3	4	5	1	—	10	13	17
Ear diseases: Otorrhœa, etc. ...	—	3	—	3	2	8	8	15
Deafness ...	1	—	—	—	—	—	1	1
Ringworm: Body ...	—	—	—	—	—	—	—	—
Scalp ...	—	—	—	—	—	—	—	—
Impetigo ...	—	3	13	1	6	23	23	32
Scabies ...	—	—	—	—	—	—	—	—
Eczema and other skin diseases ...	1	11	4	5	—	20	21	40
Minor skin injuries and septic sores ...	—	10	15	1	3	29	29	61
Other conditions ...	39	11	6	1	6	24	63	93
TOTALS ...	63	42	43	12	17	114	177	281

Total individual children examined or treated = 135.

OTHER AILMENTS, INCLUDING SKIN DISEASES.

A number of cases of minor ailments are referred to the District Nurses for treatment, and during the year 219 cases were so referred. Many cases were treated at the School Clinics. In general there has been a marked decrease in recent years in the number of minor ailments to be treated.

School Clinics. There were two such Clinics at the beginning of the year, *i.e.*, at Weston-super-Mare and Frome. The table shows the work done at these Clinics. The figures show a considerable increase of attendances at Weston-super-Mare (622) and a slight decrease at Frome (78). The increased attendances at the Weston Clinic were mainly due to more cases of Impetigo and skin conditions. Ringworm, the treatment of which used to take up so much time at these Clinics, has practically disappeared and the total attendances for this condition (body or scalp) at both Clinics was only 37.

Ringworm. From an average of over 200 cases a year (as high as 323 cases in 1911) the number of cases of ringworm of the scalp has steadily diminished until at the end of 1936 there were only 5 known cases, the lowest recorded. There were no known cases in 444 schools, one case in 5 schools. The practical extinction of ringworm is very remarkable.

District Nurses, under the arrangements made by the County Education Committee, assisted in the treatment of 5 fresh cases and are assisting in the treatment of all the cases. Drug treatment is given at the Weston-super-Mare and Frome School Clinics. Three of the 5 cases are attending school under the scheme, the other cases being unsuitable for the cap scheme.

Thirty-eight cases of ringworm of the body were reported and excluded until cured. The majority were back at school within a few weeks.

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Goitre. In a number of earlier Annual Reports, particularly those of 1924 and 1927 I discussed the causation of goitre and the influence of the administration of iodine.

The Medical Research Council published last autumn a report dealing with one aspect of this problem and based on studies partly carried out in Somerset. Selecting parts of Somerset with a known high incidence of thyroid enlargement 120 schools were inspected and the girls examined, with the following results which are much about the same as we found in 1924:—

Ages in years.	No. of Girls inspected.	No. in which Thyroid was visibly enlarged.	Percentage of Girls with Enlarged Thyroid.
6 to 8	1,280	320	25.0
9 to 11	1,463	541	37.0
12 to 14	1,058	495	46.8
6 to 14	3,801	1,356	35.7

In 12 specially selected rural schools it was 56 per cent. The comparison was with schools in Suffolk, an area of extremely low incidence of thyroid enlargement. These showed goitre to be present in only 3.7 per cent. in the 12 rural schools selected.

Samples of water and milk in these villages were analysed for iodine and a further study was made of the iodine contents of pastures in which the milch cows were grazed. In all cases the amounts of iodine present are quite minute. No differences were found between the milk and pasture samples from the two counties, but the iodine in the Somerset water was 2.9 μ /litre compared with 8.2 μ /litre in Suffolk.

The results again bring out the well attested fact that goitre is associated with an environmental deficiency of iodine but they do not go so far as to show that this is directly related to the water deficiency since there is no evidence that adequate iodine is not being obtained in other ways. The authors conclude, "It is doubtless true that insufficient intake of iodine is partly and perhaps largely responsible for the high incidence of goitre in Somerset, but it is difficult to escape the conclusion that some other factor must be involved." Such a factor might be endocrine disturbance, defective absorption or possibly infective action.

Our own investigations conducted over several years showed that the administration of minute doses of iodine had a definite protective effect in preventing enlargement.

Iodised chocolates are given in selected schools to children to prevent the development of goitre. During the year this preventive treatment was given in 35 schools to approximately 1,500 children. The cost of the chocolates for the year was £11 18s. 6d.

TREATMENT WITH ARTIFICIAL LIGHT.

Treatment with artificial light, in the form of a Mercury Vapour Lamp, is available at four centres, *i.e.*, Bridgwater, Weston-super-Mare, Yeovil and Minehead. The following tables give particulars of the cases treated, attendances and results. The education cases vary in character but many are malnourished, debilitated children and most of these derive great benefit.

Centre.	Number of Clinics held.	New cases seen.	Total Attendances.				
			Infant.	Educa- tion.	Tuber- culosis.	From outside areas.	All.
Bridgwater	87	11	105	50	113	35	303
Minehead	49	4	0	23	66	0	89
Weston-super-Mare...	101	64	63	1,222	87	252	1,624
Yeovil	60	14	0	201	46	0	247
TOTAL ...	297	93	168	1,496	312	287	2,263

	Tuber- culosis.	Rickets.	Debility and Malnu- trition.	Glands (not Tuber- culous).	Others.	Total (all cases).
Cured or improved ...	12	4	36	8	23	83
Unaltered	0	1	2	3	3	9
Worse	0	0	0	0	0	0
Still under treatment	5	3	20	5	9	42
TOTAL ...	17	8	58	16	35	134

The figures show a considerable increase over the previous year and 33 more fresh cases were seen.

The four treatment centres were kept going all through the year except for the month of August, and the attendances, particularly at Weston-super-Mare, were an increase on previous years. This may be in part due to the somewhat cold and damp average of the year's weather, but it is also partly owing to the keenness of parents whose children have already had a course of U.V. Light. Many parents try to get a second or third course for their children, especially in the Winter months, owing to the marked benefit previously received. This has caused the Weston clinic to be crowded out on more than one occasion.

Cases of Gland Tuberculosis do well, and certain cases of Asthma and Chronic Bronchitis in children have shown permanent improvement, but the greatest number of cases are debilitated and anæmic children from the Elementary Schools.

CRIPPLED CHILDREN.

The Orthopædic scheme, started in 1925, continues to yield most valuable results. The types of cases seen are less severe and more are postural defects. The value of the postural work done here and in the schools was pointed out in an earlier report. Dr. Forrester-Brown is in charge of all the County Clinics. Miss Mayor is in charge of the Sister's Clinics, where she follows up the cases and carries out the treatment authorised.

Voluntary helpers are available at all the Surgeon's clinics and at most of the Sister's clinics. At four Surgeon's clinics V.A.D. nurses have mainly staffed the clinics and have provided excellent Honorary Superintendents. Much transport help is also given by voluntary workers and a material part of the success of the scheme is due to this splendid voluntary help. The teachers have been very helpful in the following up of school cases, seeing that they come to school in the boots provided, wear any appliances ordered, etc.

The attendances at the Surgeon's and Sister's Clinics are shown in the following tables:—

Attendances at Surgeon's Clinics, 1936.

Clinic.	Number of Clinics held.	New cases seen.	Total Attendances.				
			I	E	T	O	All.
Glastonbury ...	5	18	50	80	10	4	144
Radstock ...	3	19	33	57	4	3	97
Taunton ...	12	92	135	223	15	20	393
Weston-super-Mare	12	73	148	208	12	16	384
Yeovil ...	11	54	92	218	34	12	356
Frome ...	4	15	35	67	4	8	114
Bath ...	4	18	20	76	9	9	114
Bridgwater ...	6	32	52	104	26	15	197
	57	321	565	1,033	114	87	1,799

Note.—I=County Pre-school cases, E=County Education cases, T=Tuberculosis cases, O=Other cases, *i.e.*, children over age, P.A. and M.D. cases.

These attendances are nearly the same as for the previous year (1,749) and in about the same proportions as regards age groups. There is also not a great deal of difference as regards the usage of the different Clinics, but Bridgwater is extending and would be used still more if better premises were available.

Attendances at Sister's Clinics, 1936.

Clinic.	Number of Clinics held.	Total Attendances.				
		I	E	T	O	All.
Glastonbury ...	29	115	162	9	0	286
Radstock ...	38	171	249	6	6	432
Taunton ...	38	219	305	12	7	543
Weston-super-Mare	36	277	700	16	31	1,024
Yeovil ...	34	154	315	30	14	513
Frome ...	21	70	114	10	13	207
Bath ...	10	9	79	2	2	92
Minehead ...	10	16	86	0	0	102
Bridgwater ...	22	84	173	33	15	305
Clevedon ...	3	6	32	0	0	38
Langport ...	12	21	56	0	0	77
Shepton Mallet ...	12	35	26	2	6	69
Wellington ...	12	27	56	0	2	85
Wincanton ...	11	21	62	0	12	95
Bristol ...	11	21	66	3	0	90
TOTAL ...	299	1,246	2,481	123	108	3,958

In addition 157 attendances have been made at a posture class at Taunton.

Bath and Wessex Children's Orthopædic Hospital.

Somerset cases in hospital during 1936.

Type of Case.	In Hospital 31-12-35.	Admitted.	Discharged.	In Hospital 31-12-36.	Average duration of each case (discharged cases only).
Non-resp. tuberculosis (bones and joints)	8	12	10	10	245 days
Congenital deformities	3	15	16	2	72 days
Poliomyelitis ...	4	16	11	9	124 days
Rickets ...	3	4	5	2	117 days
Spastic paralysis ...	1	2	3	0	49 days
Scoliosis ...	1	0	1	0	97 days
Osteo-myelitis (other than tubercular) ...	2	3	2	3	517 days
Other cases ...	8	21	21	8	167 days
TOTAL ...	30	73	69	34	

In addition to these cases a number of tuberculosis patients suffering from bone and joint diseases have been treated at Alton. During the year 2 have been sent, and on January 1st, 1937, there were 4 cases there still under treatment. A further six cases have been admitted during the year to the Children's Hospital Swanage, 3 being tuberculosis cases, 3 other conditions.

The number of crippled children seen at the different clinics is shown in the tables. Some of them suffer from several defects and in a few a definite diagnosis has not been recorded on our records. The statement given below, while not a complete classification, gives a good idea of the types of cases which have been dealt with at the Clinics.

Cases seen at the Clinics during 1936 for the first time.

Tuberculosis of bones and joints	13
Spastic and other paralysis conditions	7
Infantile paralysis (poliomyelitis)	43
Osteo-myelitis	2
Congenital dislocation of the hip	6
Club foot	7
Other congenital deformities	40
Torticollis	9
Diseases and injuries to the toes	14
Scoliosis	9
Postural deformities:—	
General defects of posture	19
Flat foot (often with other postural deformities)	34
Knock knees (many old rickets)	35
Bow-legs	33
	<hr/>
	121
Rickets (not specially postural)	7
Injuries and accidents	10
Other defects and deformities	33
	<hr/>
	321
	<hr/>

The figures are, on the whole, similar to those in previous reports with the exception that unfortunately there has been a material increase in the number of poliomyelitis cases, unfortunate because the condition may be severe, while the treatment is prolonged and expensive. It is very important to get these cases under orthopædic treatment in their early stages and every endeavour is made to arrange for this to be available.

The number of new cases seen is 17 less, the attendances at Surgeon's Clinics 50 more and the attendances at Sister's Clinics 188 more than in the previous year. While most of the work at the Sister's Clinics has been at the major centres, the minor Clinics have been very valuable and have enabled many cases to attend for further treatment when it would have been impossible for them to travel the longer distances to the main Clinics.

A large number of cases has been provided with suitable splints and appliances. During 1936, 119 splints, etc., were supplied, 86 being calipers or other irons, while 146 alterations to ordinary boots were ordered and supervised, and 16 surgical boots provided. These appliances are obtained from the Oswestry and Wingfield Orthopædic Hospitals, as well as from the Bath Orthopædic Hospital. In addition, many plaster of Paris splints were fitted. In 1936 the number fitted was 166. The cost of the splints and appliances supplied was about £266 for the whole county.

X-ray photographs of cases are required in a number of instances, either to aid in making the diagnosis or as a guide to the treatment required. Arrangements have been made with 15 hospitals, or individuals, for X-ray photographs.

The cost of the Orthopædic Scheme is apportioned between the County Education Committee, the Tuberculosis Sub-Committee and the Maternity and Child Welfare Sub-Committee. The net expenditure for the year 1936 was £5,220; for 1935 it was £5,179.

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The Prevention of Crippling and Postural Conditions.

Much attention continues to be paid to this subject. The work on the prevention of postural defects and improved physical training has been continued on the lines set out in previous annual reports, and the results obtained are of great value. Great improvements are observable and the difference of the posture in schools where the teachers have been to Miss Smith's classes and are keen on the work to that in the few schools where no special attention is paid is striking. In one large school, for example, where all the children were sufficiently stripped and I personally inspected the whole of the children, the posture of the girls was splendid, that of the boys very poor. The Head Teacher of the girls was keen on posture, but the Head Teacher of the boys, while very keen generally, was specially interested in games and thought but little of posture or posture teaching. Miss Margery Smith has been very successful in interesting the teachers in this work and for the most part they have responded and now take a great interest in the subject and realise that it has a definite effect on the present well-being of the child and, what is of equal importance, in the health of the child subsequently, especially during the difficult adolescent period.

Teachers' classes in Physical and Postural Training have been held at Street, Wells and Crewkerne. At each class half an hour is devoted to a talk on Posture plus a demonstration of correct and incorrect standing, sitting (especially writing) and resting positions. Great emphasis is laid on correct posture during all physical exercises and teachers are urged to encourage good posture throughout the school life of the child. Such injurious attitudes as are brought about by prolonged standing or sitting, by an ill-fitting desk—too high, too large or too small—are demonstrated by children stripped to the waist. The value of the recumbent position for resting is shown, the ill-effects of a reading or singing lesson taken standing and the rapidity with which malpositions are taken up, more quickly by the younger than the older, the delicate than the robust child, and the ill-effects of carrying weights. Stress is laid on the fact that naughtiness in a child is often a physical condition which can be cured by rest; the suggestion that the culprit should be made to lie down instead of, as is usual, stand, has brought many words of thanks from teachers as they have realised that the punishment has brought about the cure.

The posture classes for groups of children selected by the Medical Inspectors have been continued, and those held by Miss Smith during the year have been:—

Wedmore	...	...	Classes for 10 boys and for 18 girls.							
Ashcott	...	...	"	"	14	"	"	"	10	"
Glastonbury St. John's..			"	"	19	"				
Meare	...	...	"	"	20	"	"	"	10	"
Blackford	...	...	"	"	22	"	"	"	12	"
Milverton	...	...	"	"	21	"	"	"	16	"
Bishops Lydeard	...		"	"	17	"	"	"	15	"
Stogumber	...	...	"	"	14	"	"	"	7	"
Lydeard St. Lawrence...			"	"	14	"	"	"	9	"
West Bagborough	...		"	"	12	"	"	"	9	"

As a result of the exercises the children showed a great increase of breathing capacity which varied from 0.3 to as much as 0.75 inches, the usual increase being 0.5 to 0.6 inches. Classification of the posture cases into four groups before and after the special course showed quite definite improvement.

Continuation classes have been carried out by teachers who had previously observed the class conducted by the Organiser at Worle, Weston-super-Mare—Locking Road Senior Girls and Junior Mixed, Christ Church, St. John's, and all the schools in the above list except Ashcott and Blackford Girls. These continuation classes are visited by Miss Smith and her reports show that they are being carried out in a satisfactory manner.

It was gratifying to find this year more schools in which the general posture of the children was so good that a class for remedial exercises could not be found. Such was the case at Street, Glastonbury St. Benedict's and Staplegrove.

A new feature of this year's work has been the introduction of "Exercise" into the Health Exhibition. Demonstrations of posture exercises and physical exercises, as now performed in school, have taken place at Portishead, Weston-super-Mare, Radstock, Street and Bridgwater (posture only). In each case the children have been chosen from the schools in these districts. Incidentally, this results in large attendances of parents, especially mothers, at the Exhibition. The demonstrations given show the progression of exercises from the infant to the junior and the senior child. The children in all cases have been dressed appropriately for exercise, *i.e.*, in soft shoes, socks, knickers and vest or blouse, in some cases stripped to the waist. Following the Demonstrations a talk was given to the audience, pointing out the value and need of daily exercise, fresh air and rest; also the need for the removal of clothing during exercise was emphasised and explained. After this the Somerset posture scheme was outlined and the posture exercises then performed by boys stripped to the waist, the parents having explained to them the value of each exercise. Points always stressed were, the significance of flat foot and knock knee, the ill effects on the spine of carrying a baby or anything heavy or even anything light in weight if always in the same hand, and the value of rest taken flat on the back.

Photographic exhibits were on view in the Exhibition showing deformities caused by the carrying of heavy weights (*e.g.*, baker's basket, bucket of water), correct and incorrect standing positions, etc. Exhibits also included black impressions on paper of feet before and after exercise, and the use and effect of the wearing of crooked boots.

The film "Carriage" was shown with others in Physical Education to teachers, parents and children of Street and the surrounding district. This was much appreciated and it is hoped that it may be possible to show it more frequently in future.

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JUVENILE EMPLOYMENT.

During the year co-operation was started between the School Medical Service and Juvenile Employment and Advisory Committees. This was along the lines suggested by the Board of Education in their Administrative Memo. No. 137, issued September, 1935. A new card was printed which had 9 headings dealing with unsuitability for certain types of work. This was available to the Medical Inspectors for the last routine examination of each child. If at that examination it appeared advisable, in any individual case, to issue a warning as to unsuitable employment that child's card is so marked while this is indicated on the new employment card. This card is available to the Head Teacher, when the child leaves school, to detach and send to the Juvenile Advisory or Employment Committee as required.

Of course in most cases no entry is required and the card is not used, but during the year 62 cards were issued suggesting certain unsuitable employments. As examples of the kind of entries the following may be mentioned:—

(a) Unsuitable for severe manual work	32
(b) Unsuitable for work causing eye strain	24
(c) Unsuitable for work involving prolonged standing ...	12
(d) Unsuitable for work in a dusty atmosphere	8
(e) Unsuitable for work requiring acute distant vision ...	15

SECONDARY AND CONTINUATION SCHOOLS.

Six definite groups of children are presented for medical inspection in Secondary Schools. These are:—

1. All entrants not previously medically inspected.
2. All entrants not examined since aged 8 years.
3. All children on reaching 14 years.
4. All leavers not medically examined within 2 years.
5. Re-examination cases—those found defective at a previous examination.
6. Special cases—those referred by the Head Master or Mistress for examination for definite reasons.

A medical inspection is carried out at each school once a year; and special visits are made from time to time as required.

The arrangements and facilities for medical inspection are now working satisfactorily though improvement might still be effected at one or two schools as regards the sending of particulars of entrants to this department. This important point was emphasised in the revised circular issued in 1934 to Head Masters and Mistresses of Secondary Schools.

There is no material increase in the number of children presented as special cases to the Medical Inspectors. The relatively small number of 59 cannot altogether be accounted for by the re-adjustment of the routine age groups and one would expect that more pupils might be presented for special examination as “special” cases. In this connection, pupils are regarded as “special” cases for any of the following reasons:—

- (a) Doubt as to the suitability of a pupil for some portion or portions of the ordinary school work.
- (b) Suspicion of marked deterioration in a pupil's condition.
- (c) Possibility of the existence of infectious or contagious disease.
- (d) Suspicion as to the existence of physical defect, such as defective eye-sight or hearing, or faulty posture.

It is, of course, only by the closest co-operation with the teaching staff that medical inspection will show the best results.

The number of scholars examined during the year and the results obtained are shown below:—

ROUTINE MEDICAL INSPECTIONS.

				Boys.	Girls.	All.
Entrants	...	...	...	406	363	769
Intermediates	...	...	...	264	233	497
Leavers	...	...	...	157	117	274
				<hr/>	<hr/>	<hr/>
TOTALS	...			827	713	1,540
				<hr/>	<hr/>	<hr/>

OTHER INSPECTIONS.

				Boys.	Girls.	All.
Specials	...	...	...	25	34	59
Re-inspections	...	...	...	195	205	400
				<hr/>	<hr/>	<hr/>
TOTALS	...			220	239	459
				<hr/>	<hr/>	<hr/>

The defects found among Secondary School children are enumerated in the accompanying table. The figures include specially presented as well as routine children, which prevents them from being compared closely with those from the Elementary Schools as regards the prevalence of defects.

Medical treatment for Secondary School children has not been provided, but any suspected to be suffering from tubercular infection are referred to the nearest Tuberculosis Dispensary for further examination, and, if necessary, treatment. Children with defective eyesight, who are not receiving treatment elsewhere, are offered special examination by the County Oculist. Last year such further examination was offered 200 children and accepted by the parents of 131. Of the 1,599 scholars examined as routine or special cases 226 were found to be already wearing spectacles. Where these spectacles appeared to be unsuitable further examination was offered. For these purposes no distinction is made between free place pupils and others.

Defects found in Secondary School Children.

Condition.						Number of defects.	Number referred for treatment.	Number referred for observation.
Malnutrition	...	...	...	...	...	41	6	1
Uncleanliness	...	...	...	...	...	0	0	0
Skin Disease	...	...	...	...	...	3	2	0
Ringworm: Head	...	...	...	...	...	0	0	0
Body	...	...	...	...	...	0	0	0
Defective vision	...	...	...	...	...	349	137	5
Squint	...	...	...	...	...	7	1	0
Eye disease	...	...	...	...	...	36	7	0
Defective hearing	...	...	...	...	...	8	4	0
Ear disease	...	...	...	...	...	16	5	0
Nose and Throat disease:								
Chronic Tonsillitis	...	...	...	...	...	100	8	0
Adenoids only	...	...	...	...	...	30	2	5
Chronic Tonsillitis and Adenoids	...	...	...	...	...	15	7	0
Enlarged Tonsils only	...	...	...	...	...	61	0	1
Other conditions	...	...	...	...	...	104	4	2
Teeth: Dental disease	...	...	...	...	...	561	94	0
Enlarged cervical glands	...	...	...	...	...	109	0	0
Defective speech	...	...	...	...	...	4	0	1
Heart Disease:								
Organic	...	...	...	...	...	2	2	0
Functional	...	...	...	...	...	25	0	25
Anæmia	...	...	...	...	...	23	7	0
Lung disease (non-tubercular):								
Bronchitis	...	...	...	...	...	3	1	0
Other diseases	...	...	...	...	...	8	1	0
Tuberculosis:								
Pulmonary—Definite	...	...	...	...	...	0	0	0
„ Suspected	...	...	...	...	...	1	0	1
Non-Pulmonary	...	...	...	...	...	0	0	0
Disease of the nervous system:								
Chorea	...	...	...	...	...	0	0	0
Other	...	...	...	...	...	21	6	2
Deformities	...	...	...	...	...	201	7	75
Enlarged Thyroid or Goitre	...	...	...	...	...	9	5	0
Other defects and diseases	...	...	...	...	...	83	37	0

The number of children with defective vision still tends to increase.

Abnormal conditions of the nose and throat would also seem to be more frequent. The figures for chronic tonsillitis and enlarged tonsils mainly show an increase but it is satisfactory to note that out of 100 cases of chronic tonsillitis only 8 were recommended for other than conservative treatment. The figures for enlarged tonsils only are not so significant as tonsillar enlargement is often temporary and non-pathological.

The amount of dental disease in Secondary School children is still very considerable while relatively more cases were referred for treatment during the year.

It is interesting to note that nervous conditions are becoming more common. Lack of rest is a predisposing factor. The question of overstrain in relation to school work has probably been exaggerated in recent years, but it cannot be ruled out in certain cases.

As regards functional heart disease, this is not usually of a serious nature, but in a number of cases it is often advisable to modify drill and games.

There is a continued general improvement in the health and physique of the Secondary School child. This is due to several factors, namely, a higher standard of personal hygiene, improved methods of physical training, and the modern type of school building.

EXCEPTIONAL OR DEFECTIVE CHILDREN.

Table III, at the end of this report summarises and classifies all the children suffering from one defect only who were on the Special Registers of the School Medical Department at the end of 1936. A separate list is also kept of children who are suffering from the following types of Multiple Defect, *i.e.*, any combination of Total Blindness, Total Deafness, Mental Defect (Feeble-minded), Epilepsy, active Tuberculosis, Crippling or Heart Disease. This list comprises a total of 12 children (8 boys and 4 girls). Of these, 4 boys are epileptic and feeble-minded; 3 boys and 3 girls are crippled and feeble-minded; and 1 boy and 1 girl are blind and feeble-minded.

For the purpose of calculating the incidence of defectives per 1,000 of the school children, the number of scholars on the elementary school registers last year is estimated at 40,174. The incidence calculated in this way is not strictly accurate, as normal children leave school at 14 years, while most of the defective children are retained on the Special Registers until 16 years of age.

Blind Children.

All children found or reported to be suffering from defective eyesight are referred to the County Oculist for examination, and any found to be "blind" or "partially sighted" are certified accordingly.

The 9 "blind" children recorded in Table III. represent an incidence of 0.2 per 1,000; and the 72 "partially sighted" children an incidence of 1.8 per 1,000 of the school population.

Three partially sighted children were admitted during the year to Schools for the Blind. There are now seven boys and eight girls being trained at certified Schools for the Blind.

Admission to Blind Schools or Institutions is offered to all "blind" children, if they are of suitable age and mentally and physically fit for special education. Institutional cases on attaining the age of 16 years are offered, if suitable, further training. Special Day Classes for "partially sighted" children (and the same applies to "partially deaf" children) are desirable, but their provision in a large county with scattered schools is impossible in practice. Bad-sighted or myopic children must remain in the elementary schools, but the Head Teachers are directed how to give them oral and such other instruction as is possible without detriment to their eyesight.

Deaf Children.

Children reported to be deaf are specially examined, and, if necessary, certified as "deaf" or "partially deaf." All "deaf" children are sent to certified Deaf Schools or Institutions, if they are of suitable age and mentally and physically fit for special education. Two girls were admitted during the year to the Royal West of England Institution for the Deaf, making a total of 8 and 9 respectively at certified Schools for the Deaf. The 22 "deaf" and 16 "partially deaf" children recorded in Table III. represent an incidence of 0.5 and 0.4 per 1,000 respectively of the school population.

Mentally Defective Children.

At the end of 1935, the Special Register contained the names of 307 feeble-minded children—195 boys and 112 girls. During the past year 17 boys and 18 girls, a total of 35 children, were certified as feeble-minded, and their names added to the Register, while the names of 42 boys and 31 girls, a total of 73, were removed owing to the children having attained the age of 16 years, left the County, or been re-graded; leaving a net total of 269 feeble-minded children (170 boys and 99 girls) on the Special Register at the end of 1936.

These 269 feeble-minded children are equivalent to 6.7 per 1,000 of the total number of children on the registers of the Elementary Schools. This is rather below the average for previous years.

Mental Examinations.—During the past year 127 children were examined and certified for the first time, and 75 were re-examined for re-grading or certification for Special Schools or Institutions.

The results of these examinations are shown below:—

			Schedule A.		Schedule B.	Schedule C.	Totals.
			Fit for education in an Elementary School.	Fit for Special Class for dull and backward children.	Fit for Special School.	Unfit for Special School.	
First examination—							
Boys	...	...	2	39	18	14	73
Girls	...	...	0	23	19	12	54
			— 2	— 62	— 37	— 26	— 127
Re-examined—							
Boys	...	...	0	6	38	3	47
Girls	...	...	0	3	25	0	28
			— 0	— 9	— 63	— 3	— 75
			2	71	100	29	202

The periodical mental examinations made at the Special Schools are not included in this table.

The District School Medical Inspectors are responsible for the examination of all suspected mentally defective children of school age in their areas. Dr. Stirling, the Deputy County School Medical Officer, has been responsible for the supervision and checking of records, and has also carried out numerous re-examinations of doubtful and other special cases.

Epileptic Children.

The classification of epileptic children is difficult as the severity and frequency of the attacks vary from a mild fit once or twice a year to numerous severe fits daily. Excluding children with mental defect, the majority of the juvenile epileptics in the County are of the milder grade. As will be seen from Table III., 19 are classified "severe" and 33 "not severe," equivalent to an incidence of 0.5 and 0.8 per 1,000 of the school population respectively.

Physically Defective Children.

Cases of tuberculosis are dealt with through the Tuberculosis Section of the Health Department. It has been found difficult to classify the tuberculous children into the groups suggested by the Board of Education Circular No. 1321, Table III. All tuberculous children are periodically examined and certified as to their fitness for school and no child in an infectious condition is permitted to attend school. Crippled children are recorded in Table III. and the details of the County Orthopaedic Scheme are discussed on pages 22-26.

EDUCATION AND CARE OF DEFECTIVES.

Sandhill Park Institution and Special School. At the end of 1936 there were 46 boys in residence, including four from Taunton. At the end of the year there were 45 girls in residence at Sandhill Park, including four from Taunton Borough and one from Bridgwater Borough.

A further 10 feeble-minded boys were accommodated at the Western Counties Institution, Starcross.

Yatton Hall. This Institution is primarily intended for low-grade defectives. At the end of 1936 there were in residence 29 boys and 11 girls of school age belonging to the County. In addition, 5 low grade defective boys were in residence at Cambridge House, Long Ashton, and 6 girls at West End House, Shepton Mallet. The accommodation is limited, and there is always a considerable waiting list for admission.

Occupation Centres. Since 1920 the Somerset Association for Mental Welfare has provided very useful Occupation Centres in various parts of the County under the supervision of Miss Penrose. Last year the Centres at Taunton, Weston-super-Mare, Bridgwater, Street, Frome, and Radstock were continued, the classes being held on five days per week. All the children attending the Taunton and Bridgwater Centres, with the exception of one imbecile and two feeble-minded boys belong to those Boroughs, and at the end of 1936 there were on the Centre registers 34 children of school age (including seven imbecile boys and two imbecile girls) belonging to the County.

After Care of Mentally Defective Children. The Somerset Association for Mental Welfare, through its officers and Voluntary Visitors, continues its valuable work of following up and assisting defective children who have left school. Those leaving Special Schools are notified to the Mental Deficiency Acts Committee for supervision, guardianship or further institutional care as may be necessary. During the year eight boys and thirteen girls were thus notified on reaching the age of sixteen, all of whom were detained at Sandhill Park.

Child Guidance Clinics. Only in 1935 has the Board of Education given permission for such Clinics to be included for grant. The purpose of these Clinics is not to investigate dull, backward or even mentally deficient children whose problems are mainly educational, but to provide means of investigating the difficult, maladjusted child. I do not consider that a Clinic is necessary or indeed very practicable in Somerset. We do come across a few such cases each year and it is proposed to investigate them more in detail, particularly as regards the home conditions. The need for expert guidance in this work may grow, but I think the best way of dealing with it is to have on the ordinary School Medical Staff one member who has a considerable knowledge of psychology and who is interested in this aspect. This qualification could be kept in mind in making new appointments, but it is difficult to find applicants with the necessary experience.

SCHOOL HYGIENE.

Sanitary Condition of Schools. The importance of schools being in a sanitary and healthy condition is twofold. Defects such as faulty lighting, inadequate ventilation, or insufficient washing facilities may be directly prejudicial to the health of the children, while also schools are the centres for education and not the least important are the lessons imperceptibly taught to the children by a sanitary environment.

It is part of the duty of School Medical Inspectors to report upon the sanitary condition of school premises and 359 reports were received, as well as 3 upon Secondary Schools. In 253 cases no defects were found or at least adversely reported upon. In 89 the defects were of a minor character and not followed up. In the remaining 20 instances the reports were referred to the Education Office to deal with. These, with the results obtained as regards their remedy, are summarised in the following table. The number is considerably more than 20 as many schools showed more than one defect.

Nature of defect found.	Action Taken.			No action. taken.	Total.
	Remedied.	Improved.	Pending.		
Structural defects of Offices ...	2	0	5	0	7
Defects in usage of Offices ...	0	0	0	0	0
Water supply ...	0	0	0	0	0
Ventilation defective ...	1	0	3	0	4
Lighting defective ...	0	0	2	0	2
Defective Cloakroom ...	2	0	1	0	3
Repairs or redecoration required	2	0	0	0	2
Desks unsuitable ...	0	0	3	0	3
Defective playground ...	1	0	2	0	3
Deficient heating ...	2	0	0	0	2
Other defects ...	3	0	1	0	4
	—	—	—	—	—
	13	0	17	0	30
	==	==	==	==	==

Health Education and Hygiene Instruction in Schools. After an interval of two years, when other methods (such as discussions on the Handbook of Health Education) were used, lecture courses to Teachers have been resumed and two courses were held by Miss Sewell in the autumn, at Cheddar and Shepton Mallet. At the former 7 lectures were given and 6 at Shepton Mallet with average attendances of 19 and 22 respectively.

In the Spring term, two lecturers were again lent by the Dental Board to visit elementary schools and give lessons in dental care. Thirty-one schools were visited. The skilful way the lecturers presented the facts and the very excellent models used made these lessons very attractive to the children, and all the teachers consulted found the demonstrations and lessons most helpful. The area selected during the year was mainly in the Chard and Langport districts.

A few schools were also visited as part of the Cinemotor Tour arranged with the Health and Cleanliness Council. The Health Exhibition has been held at eleven Rural centres and in six Urban areas and at all of these older children have been invited and suitable instruction given on various aspects illustrated by the Exhibition. Six school Special Open days have been given, health exhibits being on view and a lecture given at which the mothers attended well. At the larger exhibitions, Miss Smith organised displays by the school children demonstrating modern physical training and posture exercises. These were found to be of great interest and acted as a stimulus to physical training.

As part of the work 107 different schools were visited by Miss Sewell during the year and at many of them Health Instruction Classes were given. At others the time was occupied by discussions with Head Teachers on teaching health education in the schools. A survey is being made of the extent to which health instruction is being given as part of the regular curriculum. Previously 149 schools were surveyed in this way, and a further 105 schools were dealt with during 1936. Of these 63 were *Senior Schools*. In 52 of these Hygiene is being taught, but no Hygiene lesson is being given in the remaining 11. Five of the schools where Hygiene is taught have no syllabus.

Of the 42 Junior Schools, Hygiene is being taught incidentally in all and as a definite lesson in 28. This incidental teaching frequently is not extensive or valuable. 65 of the 105 schools have no Health Readers, or are so obsolete that they are put away. In every case the Teacher would like to have a reader, but removes it from the requisition list on finding other needs considered more urgent.

The health journal, "Better Health," has been continued throughout the year and in addition to the ordinary health matters it always contains an article specially written by one of the County staff with special reference to conditions in Somerset. It is supplied free of charge to all Head Teachers and to a good many other teachers on their paying the postage. It continues to be appreciated but we have had difficulty in obtaining delivery on time.

In January a "Keeping Fit" leaflet was drawn up and supplied in large numbers to Head Teachers to give to each child on leaving school. It sets out in simple language exercises to do for all the different parts of the body so as to maintain the body in good health.

Physical Training. I am indebted to the Chief Education Officer for the following particulars of the work of the Physical Training Instructors:—

The Organising Instructors of Physical Training have paid visits during the past year to 439 Public Elementary Schools.

Teachers' Classes and Lecture Demonstrations. Ten classes for teachers were held at Street in the Spring Term of 1936 and ten at Wells in the Summer Term. Both courses were well attended by all grades of teachers from the surrounding schools. Two lecture demonstrations were given to the teachers of Crewkerne and district. Exhibitions with voluntary classes of children (Infants, Juniors, and Seniors) were given as part of these teachers' courses. This is the most effective way of demonstrating teaching methods and suitable clothing for exercise, and of portraying the attitude which should exist between teacher and class.

One very rarely sees children put on extra clothing when going out for physical training nowadays, whereas in the past this was common practice. In most schools clothes are removed, even to the extent in some cases of stripping to the waist, or of wearing only one layer. This arrangement not only inculcates good hygienic habits, and aids the correction of faulty positions, but teachers are of opinion that it acts as a preventive of catching colds.

Indoor Physical Training. Weather does not interfere with the daily physical training lesson as much as formerly, since the provision of moveable furniture allows for floor space to be made available indoors. Moreover, in many Junior Schools, as a result of reorganisation, a spare room is now available and is used for physical training in inclement weather.

Shoes. Physical education in schools is hampered in many ways by lack of suitable footgear; exercises safe in suitable shoes become highly dangerous in hob-nailed boots. Considerable advance in the quality of the work will be effected when suitable shoes, which the Education Committee propose to provide in the near future, are generally available.

Post-school Work. There is scope and a very great need for the continued physical education of the post-school child. Pressing demands are made by older persons in this matter and repeated requests received for lectures, demonstrations and classes from Women's Institutes and other bodies. Since the short course held in January, 1936, the Organisers have not been able to give any time to the training of leaders for post-school work. More than 30 classes held in the County are known to them, of which about a dozen have been visited. The Yeovil St. John's Club produced a film of their physical activities which was shown to the Central Council of Recreative Physical Training. It is hoped to develop this work when additional staff is available.

Somerset County Schools Games Association. Various branches of the Somerset County Schools Games Association were very active throughout the year. The final athletic meeting was held in June at Weston-super-Mare.

INFECTIOUS AND CONTAGIOUS DISEASES IN SCHOOLS.

During the year 95 schools or departments were closed on account of infectious disease; 76 under Article 23 (*b*) of the Code by the School Medical Officer, and 19 under Article 22 of the Sanitary Authority on the advice of their Medical Officer of Health.

The Schools were closed for the following diseases:—

Scarlet Fever	...	...	...	3
Diphtheria	...	...	...	5
Measles	...	...	...	59
Measles and Influenza	...	...	...	2
Whooping Cough	...	...	...	8
Mumps	...	...	...	3
Whooping Cough and Mumps	...	...	...	1
Coughs and Colds	...	...	...	4
Influenza	...	...	...	1
Chicken Pox	...	...	...	8
Illness of Teacher	...	...	...	1
				<hr/>
				95
				<hr/>

So far as possible schools are not closed for infectious disease and reliance is placed upon the exclusion of cases and suspected cases. The present policy of Senior and Junior Schools adds considerable difficulties in the way of the spread of infectious diseases, owing to the greater mixing of children from different areas.

Under the regulations of the Board of Education 275 certificates for weekly attendance below 60 per cent. were issued in respect of 120 schools or separate departments.

The cases excluded by the School Medical Officer or his Assistants during the year were 310. Of these, 18 were for ringworm, 10 for verminous condition of head or body, 82 for other skin diseases, while the remainder were for a variety of conditions. In addition, 23 cases of actual or suspected phthisis and 25 of other varieties of tuberculosis were excluded by the County Tuberculosis Officers.

LABORATORY.

During the year 11,182 samples and specimens were examined in the County Laboratory. The greater number were in connection with Public Health work. 5,355 suspected diphtheria swabs were examined, the majority being from children of school age; 92 specimens of hairs and stumps from suspected ringworm cases were examined; of these, 32 showed the ringworm fungus, while the remaining 60 were negative. Of these 92 specimens, 68 were taken by the School Medical Inspectors or the Health Visitors, and 24 were examined for private practitioners and district nurses.

TABLE I.

Number of Children Inspected 1st January, 1936, to 31st December, 1936.

A.—Routine Medical Inspections.

						Boys.	Girls.	Total.
Number of Code Group Inspections—								
Entrants	...	...	...	...	...	2,324	2,132	4,456
Intermediates	...	...	...	...	...	1,869	1,703	3,572
Leavers	...	...	...	...	...	1,970	1,879	3,849
						6,163	5,714	11,877
Number of other Routine Inspections ...						495	440	935
TOTAL ...						6,658	6,154	12,812

B.—Other Inspections.

Number of Special Inspections	...	...	..	819	810	1,629
Number of Re-inspections	...	...	..	3,942	3,688	7,630
TOTAL	...	...	...	4,761	4,498	9,259

C.—Number of individual children found at Routine Medical Inspection to require treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

GROUP. (1)	For defective vision (excluding squint). (2)	For all other conditions recorded in Table II. (3)	Total. (4)
CODE GROUPS:			
Entrants	55	568	616
Intermediates	259	329	560
Leavers	272	288	530
Total (code groups)	586	1,185	1,706
Other routine inspections	90	84	164
GRAND TOTAL	676	1,269	1,870

TABLE II.

Return of Defects found in the course of Medical Inspection, 1936.

DEFECT or DISEASE.							Routine Inspections.		Specials.	
							Number referred for treatment.	No. requiring to be kept under observation, but not referred for treatment.	Number referred for treatment.	No. requiring to be kept under observation, but not referred for treatment.
(1)							(2)	(3)	(4)	(5)
Malnutrition							436	3	333	2
Uncleanliness—										
Head							71	0	28	0
Body							9	0	8	0
Skin	...	Ringworm—								
		Head					2	0	7	0
		Body					1	0	5	0
		Scabies					3	0	2	0
		Impetigo					33	0	46	0
Eye	...	Other Diseases (Non-Tuberculous)					13	0	7	1
		Blepharitis					59	0	31	0
		Conjunctivitis					4	0	3	0
		Keratitis					0	0	0	0
		Corneal Opacities					0	0	0	0
		Defective Vision					650	360	245	1
		Squint					40	57	14	0
		Other Conditions					34	8	21	1
		Defective Hearing					14	11	13	1
		Otitis Media					38	18	21	1
Ear	...	Other Ear Diseases					22	4	11	1
		Chronic Tonsillitis					60	75	63	2
		Adenoids only					46	49	22	11
Nose and Throat	...	Chronic Tonsillitis and Adenoids					178	46	102	1
		Enlarged Tonsils only					29	79	10	5
		Other Conditions					31	92	23	6
Enlarged Cervical Glands (Non-Tuberculous) ...							23	4	5	0
Defective Speech							2	12	2	1
Teeth—Dental Diseases							422	1	70	0
Heart and Circulation		Heart Diseases—								
		Organic					26	7	16	0
		Functional					2	138	2	12
Lungs	...	Anæmia					68	4	23	1
		Bronchitis					21	13	6	1
		Other Non-Tuberculous Diseases					33	9	23	0
Tuberculosis		Pulmonary—								
		Definite					5	0	0	0
		Suspected					0	61	0	38
Nervous System	...	Non-Pulmonary*					4	7	3	1
		Epilepsy					6	3	2	2
		Chorea					2	0	5	1
		Other Conditions					18	6	15	4
Deformities		Rickets					20	11	3	0
		Spinal Curvature					1	2	0	0
		Other Forms					164	442	48	90
Goitre							19	0	10	0
Other Defects and Diseases							257	11	142	1

*The routine cases consisted of 8 glands, 1 bones and joints, and 2 other forms. 4 glands were referred for treatment and the others were kept under observation. The specials were 1 gland and 2 other forms referred for treatment, while one gland was kept under observation.

TABLE III.

Return of all Exceptional Children in the Area.

			Boys.	Girls.	Totals.	
BLIND	Suitable for training in a School or Class for the totally blind	Attending Certified Schools for the Blind	3	5	8	9
		Attending Public Elementary Schools	0	0	0	
		At other Institutions	0	0	0	
		At no School or Institution ...	0	1	1	
PARTIALLY SIGHTED	Suitable for training in a School or Class for the partially sighted	Attending Certified Schools for the Blind	4	3	7	72
		Attending Public Elementary Schools	23	32	55	
		At other Institutions	0	0	0	
		At no School or Institution ...	6	4	10	
DEAF	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb	Attending Certified Schools for the Deaf	8	9	17	22
		Attending Public Elementary Schools	2	2	4	
		At no School or Institution ..	1	0	1	
PARTIALLY DEAF	(ii) Suitable for training in a School or Class for the partially deaf	Attending Public Elementary Schools	2	9	11	16
		At no School or Institution ...	2	3	5	
MENTALLY DEFECTIVE	Feeble-minded (cases not notifiable to the Local Control Authority)	Attending Certified Schools for Mentally Defective Children ...	52	40	92	269
		Attending Occupation Centres ...	18	7	25	
		Attending Public Elementary Schools	63	33	96	
		At other Institutions	1	0	1	
		At no School or Institution ...	36	19	55	
EPILEPTICS	Suffering from severe epilepsy	Attending Certified Special Schools for Epileptics	0	0	0	19
		Attending Public Elementary Schools	4	6	10	
		At no School or Institution ...	5	4	9	
	Suffering from epilepsy which is not severe	Attending Public Elementary Schools	13	12	25	33
		At no School or Institution ...	5	3	8	

TABLE III. (continued).

PHYSICALLY DEFECTIVE			Boys.	Girls.	Totals.	
	Active pulmonary tuberculosis (including pleura and intra-thoracic glands)	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... At Certified Residential Open-Air Schools ... At Public Elementary Schools ... At no School or Institution ...	0 9 2 0	0 8 3 0	0 17 5 0	22
	Quiescent or arrested pulmonary tuberculosis (including pleura and intra-thoracic glands)	At Certified Open-Air Schools ... At Public Elementary Schools ... At no School or Institution ...	0 46 22	0 48 20	0 94 42	136
	Tuberculosis of the peripheral glands	At Certified Residential Open-Air Schools ... At Public Elementary Schools ... At no School or Institution ...	2 15 0	0 21 2	2 36 2	40
	Abdominal tuberculosis	At Public Elementary Schools ... At no School or Institution ...	5 0	7 0	12 0	12
	Tuberculosis of bones and joints (not including deformities due to old tuberculosis)	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ... At Public Elementary Schools ... At no School or Institution ...	5 1 3	5 4 1	10 5 4	19
	Tuberculosis of other organs (skin, etc.)	At Public Elementary Schools ... At no School or Institution ...	1 0	2 0	3 0	3
	Delicate Children	At Certified Residential Open-Air Schools ... At Public Elementary Schools ... At no School or Institution ...	5 82 2	2 68 1	7 150 3	160
	Crippled Children (other than those with active tuberculous disease), e.g., children suffering from paralysis, rheumatic heart, etc.	At Certified Hospital Schools ... At Residential Schools for Cripples ... At Public Elementary Schools ... At no School or Institution ...	10 0 36 29	8 0 30 21	18 0 66 50	134
	Children suffering from severe heart disease	At Certified Hospital Schools ... At Public Elementary Schools ... At no School or Institution ...	1 0 2	0 0 0	1 0 2	3

TABLE IV.

Treatment of Defects of Children during 1935.

A.—Treatment of Minor Ailments.

Disease or Defect.	Referred for treatment.	Number treated.	Results of treatment.			Number not treated, or no report.	Percentage treated.
			Remedied.	Improved.	Unchanged.		
Skin—							
Ringworm—Head ...	20	20	12	0	8	0	100
„ Body ...	57	49	48	0	1	8	86
Scabies ...	39	37	36	0	1	2	95
Impetigo ...	231	213	207	5	1	18	92
Minor Injuries ...	70	70	63	4	3	0	100
Other Skin ...	122	108	75	22	11	14	89
Ear Diseases ...	76	50	33	5	12	26	66
Eye Diseases (External and other) ...	128	86	40	29	17	42	67
Miscellaneous ...	158	113	80	14	19	45	72
	901	746	594	79	73	155	82

B.—Treatment of Visual Defects.

Number referred for refraction, etc., 1935.	Number examined by County Oculist.				Number for whom no treatment necessary.	Number absent.	Number obtaining treatment elsewhere.
	For whom spectacles prescribed.	For whom spectacles obtained.	Other forms of treatment advised.				
			Obtained.	Not obtained.			
1,046	837	804	23	0	75	104	7

C.—Treatment of Defects of Nose and Throat.

Referred for treatment.	Number treated.	Received operative treatment.	Received other forms of treatment.			Number not treated, or no report.	Percentage treated.
			Remedied.	Improved.	Unchanged.		
613	463	337	14	62	50	150	76

TABLE V.
Summary of treatment of Defects during 1935.

Disease or Defect.	Referred for treatment.	Number treated.	Results of treatment.			Number not treated, or no report.	Percentage treated.
			Remedied.	Improved.	Unchanged.		
Minor Ailments	901	746	594	79	73	155	82
Visual Defects (including Squint)	1,046	867*	834	0	33	104	90
Defects of Nose and Throat	613	463	351	62	50	150	76
Dental Defects	252	153	109	27	17	99	61
Malnutrition	572	455	33	241	181	117	80
Defective Hearing	40	35	15	10	10	5	88
Defective Speech	9	5	2	3	0	4	56
Enlarged Cervical Glands (Non-T.B.)	10	7	3	4	0	3	70
Heart Disease—							
Organic	31	20	4	4	12	11	65
Functional	8	6	1	1	4	2	75
Anæmia	154	122	43	54	25	32	79
Lung Disease (Non-T.B.)	51	31	16	8	7	20	61
Tuberculosis—							
Pulmonary—							
Definite	15	12	1	5	6	3	80
Suspected	22	11	3	3	5	11	50
Non-Pulmonary	46	23	2	14	7	23	50
Disease of Nervous System	50	24	8	13	3	26	48
Deformities	333	221	20	119	82	112	66
Goitre	88	53	10	24	19	35	60
Other	208	134	68	35	31	74	64

*In addition 75 children attended and were examined but no treatment was necessary.

TABLE VI.

Summary relating to Children Medically Inspected at the Routine
Inspections during the Year 1936.

(1) The total number of children medically inspected at the routine inspections	12,812	Percentage Prevalence.
(2) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)	1,330	10.2
(3) The number of children in (1) suffering from :—		
Malnutrition	992	7.7
Skin Disease	69	0.5
Defective Vision (including Squint)	2,003	22.9
Eye Disease	231	1.8
Defective Hearing	120	1.1
Ear Disease	205	1.6
Nose and Throat Disease—		
Chronic Tonsillitis	645	5.0
Adenoids only	198	1.5
Chronic Tonsillitis and Adenoids	275	2.1
Enlarged Tonsils only	1,505	11.7
Other Conditions	593	4.6
	3,216	25.1
Enlarged Cervical Glands (Non-Tuberculous)	1,865	14.5
Defective Speech	200	1.5
Dental Disease	7,919	61.8
Heart Disease—		
Organic	33	0.3
Functional	140	1.1
	173	1.4
Anæmia	222	1.7
Lung Disease (Non-Tuberculous)—		
Bronchitis	342	2.7
Other Diseases	153	1.2
	495	3.9
Tuberculosis—		
Pulmonary—Definite	5	0.1
Suspected	61	0.5
Non-Pulmonary	66	0.5
Disease of the Nervous System	11	0.1
Rickets	142	1.1
Deformities	490	3.8
Goitre	1,163	9.1
Other Defects and Diseases	41	0.3
	462	3.6

